

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 30, 1996 08:00 AM
Secretary of State

DOCUMENT # **P95000027673 (9)**

1. Corporation Name

CARDINAL CONCEPTS (USA) INC.

Principal Place of Business

Mailing Address

**6733 OAKCLUSTER CIRCLE
SPRING HILL FL 34606**

**6733 OAKCLUSTER CIRCLE
SPRING HILL FL 34606**



3. Date Incorporated or Qualified

3a. Date of Last Report

04/07/1995

2. Principal Place of Business

2a. Mailing Address

21 **26** **C/O JAMES STILES**

4. FEI Number

Applied For

59-3306520

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 **RR #2**

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip

Country

28 **THORNTON, ON**

City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29 **L4L 2N6**

Country

30 **CANADA**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CACO, KAREN A
493 WILLET AVE
NAPLES FL 33963**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **FRIGAULT, JEANETTE**
STREET ADDRESS **6733 OAKCLUSTER CIRCLE**
CITY - ST - ZIP **SPRING HILL FL 34606**

1.1 TITLE **PRESIDENT / SECRETARY** ☐ Change ☒ Addition
1.2 NAME **JAMES STILES**
1.3 STREET ADDRESS **6733 OAKCLUSTER CIRCLE**
1.4 CITY - ST - ZIP **SPRING HILL FL 34606**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE **V.P. / TREASURER** ☐ Change ☒ Addition
2.2 NAME **JAMES STILES**
2.3 STREET ADDRESS **6733 OAKCLUSTER CIRCLE**
2.4 CITY - ST - ZIP **SPRING HILL FL 34606**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JAMES STILES

James Stiles

July 16/96

**705
726-3237**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (3/96)